

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46313

1. Entity Name

ROAN-DEPREE FOUNDATION, INC.

Principal Place of Business

4211 S SHADE AVE  
SARASOTA FL 34231  
US

Mailing Address

PO BOX 19947  
SARASOTA FL 34276  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0308152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEPREE, ROBERT W.  
4211 SOUTH SHADE AVE.  
SARASOTA FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME DEPREE, ROBERT W.  
STREET ADDRESS 4211 SOUTH SHADE AVE.  
CITY-ST-ZIP SARASOTA FL.

☐ Delete

TITLE SD  
NAME DEPREE, PATRICIA A.  
STREET ADDRESS 4211 SOUTH SHADE AVE.  
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE TD  
NAME CONNELL, WILLIAM E.  
STREET ADDRESS 4522 SELMA STREET  
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

ROBERT W. DEPREE

FILED  
Aug 10, 2001 8:00 am  
Secretary of State

08-10-2001 90001 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)